

## SPINAL IMMOBILIZATION

### **INDICATIONS:**

The purpose of spinal immobilization is to either minimize or prevent injury to the spinal cord, the spinal nerve roots and/or vertebrae. Immobilization of the spine should be accomplished any time the patient has sustained an injury mechanism involving the head, cervical, thoracic, or lumbar spine. Obvious injury need not be present.

### **SPINAL IMMOBILIZATION PROCEDURE:**

- Avoid any unnecessary movement.
- Manually immobilize the patient's head along the long axis of the body, maintaining the head in a neutral position.
- While immobilizing the head apply the correct size stiff cervical collar, taking note of the condition of the jugular veins and tracheal alignment.
- Carefully place the patient on a backboard in a supine position making use of a log-rolling technique or other method that minimizes movement of the spine.

Use straps across the torso, pelvis and leg to secure the patient to the backboard. To guard against lateral movement of the head and cervical spine, the following techniques are recommended:

- Rolled up towels on both sides of the head, or
- Folding cardboard lateral stabilization device, or
- Other approved devices for spinal stabilization.

Tape shall be applied across the forehead. Tape may be applied across the collar.

### **TREATMENT OPTION:**

Short board extrication device or equivalent.

### **CLEARANCE OF SPINE/TRANSPORT WITHOUT IMMOBILIZATION PROCEDURE:**

- Determine whether mechanism of injury is positive, negative or uncertain.
  - If positive mechanism, do full spinal immobilization.
  - If negative mechanism, spinal immobilization is not indicated.
  - If uncertain mechanism, must complete assessment of clinical criteria for spinal injury.
- Assessment of spinal injury—Answer yes or no to each of the following clinical criteria:
  - Is patient reliable (calm, cooperative, awake, fully alert, oriented to person, place, time and situation?)
  - Is there suspicion of ingestion or use of alcohol or drugs?
  - Is there a language barrier?
  - Is the patient < 12 years or > 55 years of age?
  - Is the patient experiencing an acute stress reaction?
  - Does the patient have an abnormal mental status?
  - Does the patient have any distracting injuries?
  - Is there a communications barrier?
  - Does the patient have spine pain? Spine tenderness?
  - Is the motor exam normal?
  - Is the sensory exam normal?
- If the patient is reliable and all other assessments have been answered “no”, the spine may be cleared and the patient transported without spinal immobilization (see attached).

**Note:** Clearance of the spine/transport without immobilization procedure may be done upon completion of the approved OCEMS Agency spinal curriculum.